



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

2019186

|  |  |  |                        |                  |
|--|--|--|------------------------|------------------|
| <input checked="" type="checkbox"/> PHOTOS TAKEN | <input checked="" type="checkbox"/> OH-2 | <input checked="" type="checkbox"/> OH-3 | LOCAL INFORMATION      | 1-77             |
| <input type="checkbox"/> SECONDARY CRASH         | <input type="checkbox"/> OH-1P           | <input type="checkbox"/> OTHER           | REPORTING AGENCY NAME* | RICHFIELD POLICE |
| <input type="checkbox"/> PRIVATE PROPERTY        |  |  | NCIC*                  | 07726            |

|         |           |                                    |                    |                |
|---------|-----------|------------------------------------|--------------------|----------------|
| COUNTY* | LOCALITY* | LOCATION: CITY, VILLAGE, TOWNSHIP* | CRASH DATE / TIME* | CRASH SEVERITY |
| 77      | 2         | RICHFIELD                          | 12/11/2019 16:11   | 5              |

|            |              |        |   |           |           |
|------------|--------------|--------|---|-----------|-----------|
| ROUTE TYPE | ROUTE NUMBER | PREFIX | LOCATION ROAD NAME                            | ROAD TYPE | LATITUDE  |
| IR         | 77           |        | I-77  | HW        | 41.276600 |
| ROUTE TYPE | ROUTE NUMBER | PREFIX | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | ROAD TYPE | LONGITUDE |
|            |              |        | 147   | MP        | 81.636340 |

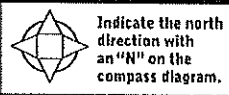
|                         |                          |                              |                |   |
|-------------------------|--------------------------|------------------------------|----------------|---|
| REFERENCE POINT         | DIRECTION                | ROUTE TYPE                   | ROAD TYPE      | INTERSECTION RELATED  |
| 2                       | N - NORTH                | IR - INTERSTATE ROUTE(TP)    | AL - ALLEY     | <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH |
|                         | S - SOUTH                | US - FEDERAL US ROUTE        | AV - AVENUE    | <input type="checkbox"/> WITHIN INTERCHANGE AREA            |
|                         | E - EAST                 | SR - STATE ROUTE             | BL - BOULEVARD | NUMBER OF APPROACHES  |
|                         | W - WEST                 | CR - NUMBERED COUNTY ROUTE   | CR - CIRCLE    |   |
| DISTANCE FROM REFERENCE | DISTANCE UNIT OF MEASURE | TR - NUMBERED TOWNSHIP ROUTE | CT - COURT     |   |
|                         | 1 - MILES                |                              | DR - DRIVE     |   |
|                         | 2 - FEET                 |                              | HE - HEIGHTS   |   |
|                         | 3 - YARDS                |                              | PL - PLACE     |   |

|                                 |                                  |                     |             |
|---------------------------------|----------------------------------|---------------------|-------------|
| LOCATION OF FIRST HARMFUL EVENT | MANNER OF CRASH COLLISION/IMPACT | DIRECTION OF TRAVEL | MEDIAN TYPE |
| 1                               | 2                                | S                   | 3           |

|  |                                 |   |         |            |         |
|--|---------------------------------|---|---------|------------|---------|
| <input type="checkbox"/> WORK ZONE RELATED       | WORK ZONE TYPE                  | LOCATION OF CRASH IN WORK ZONE            | CONTOUR | CONDITIONS | SURFACE |
| <input type="checkbox"/> WORKERS PRESENT         | 1 - LANE CLOSURE                | 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN | 1       | 1          | 2       |
| <input type="checkbox"/> LAW ENFORCEMENT PRESENT | 2 - LANE SHIFT/CROSSOVER        | 2 - ADVANCE WARNING AREA                  |         |            |         |
| <input type="checkbox"/> ACTIVE SCHOOL ZONE      | 3 - WORK ON SHOULDER OR MEDIAN  | 3 - TRANSITION AREA                       |         |            |         |
|  | 4 - INTERMITTENT OR MOVING WORK | 4 - ACTIVITY AREA                         |         |            |         |
|  | 5 - OTHER                       | 5 - TERMINATION AREA                      |         |            |         |

|                 |         |
|-----------------|---------|
| LIGHT CONDITION | WEATHER |
| 1               | 2       |

Unit #1 and Unit #2 were travelling in the right lane southbound on I-77 at the 147 milepost. Unit #1 was following directly behind Unit #2. Unit #2 slowed in traffic do to traffic backed up ahead and Unit #1 was unable to stop and struck Unit #2 from the rear. Unit #1 caused damage to both Units.



|                            |                          |                     |                           |  |
|----------------------------|--------------------------|---------------------|---------------------------|--|
| CRASH REPORTED DATE / TIME | DISPATCH DATE / TIME     | ARRIVAL DATE / TIME | SCENE CLEARED DATE / TIME | REPORT TAKEN BY  |
| 12/11/2019 16:11           | 12/11/2019 16:13         | 12/11/2019 16:23    | 12/11/2019 16:51          | <input checked="" type="checkbox"/> POLICE AGENCY  |
| TOTAL TIME ROADWAY CLOSED  | OTHER INVESTIGATION TIME | TOTAL MINUTES       | OFFICER'S NAME*           | <input type="checkbox"/> MOTORIST  |
|                            | 30                       | 68                  | RICK LOREK                | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN ORIGINAL REPORT SENT TO CPD) |
|                            |                          | 701                 | OFFICER'S BADGE NUMBER*   |  |
|                            |                          |                     | 747                       |  |

**OWNER**

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) HUGNEY THOMAS J  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) 5696 ROOT RD SPENCER OH 44275  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
 OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) 330-591-8235  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**DAMAGE**

DAMAGE SCALE  
 3 1 - NONE 3 - FUNCTIONAL DAMAGE  
 2 - MINOR DAMAGE 4 - DISABLING DAMAGE  
 9 - UNKNOWN

**VEHICLE**

LP STATE OH LICENSE PLATE # HHL7207 VEHICLE IDENTIFICATION # 3G1BE6SM2HS568809 VEHICLE YEAR 2017 VEHICLE MAKE CHEV  
 INSURANCE VERIFIED  INSURANCE COMPANY NATIONWIDE INSURANCE POLICY # 9234J084121 COLOR WHI / VEHICLE MODEL CRZ  
 TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT  #OCCUPANTS 01  
 US DOT # 1 VEHICLE WEIGHT GVWR/GCWR: 1 - ≤10K LBS., 2 - 10,001 - 26K LBS., 3 - >26K LBS.  
 TOWED BY: COMPANY NAME  
 HAZARDOUS MATERIAL:  MATERIAL RELEASED,  PLACARD CLASS # PLACARD ID #

**DAMAGED AREA(S)**  
INDICATE ALL THAT APPLY  
1 11 12

**UNIT TYPE**  
 1 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER  
 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST  
 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE  
 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV/UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP

# OF TRAILING UNITS

**WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?**  
 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN  
 AUTONOMOUS MODE LEVEL: 0  
 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION  
 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

**SPECIAL FUNCTION**  
 1 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN  
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL  
 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  
 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

**CARGO BODY TYPE**  
 1 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER  
 7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

**VEHICLE DEFECTS**  
 1 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN  
 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT  
 3 - TAIL LAMPS 6 - TIRE BLOWOUT

NO DAMAGE [ 0 ]  UNDERCARRIAGE [ 14 ]  
 TOP [ 13 ]  ALL AREAS [ 15 ]  
 UNIT NOT AT SCENE [ 16 ]

**INITIAL POINT OF CONTACT**  
 12 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 13 - TOP 99 - UNKNOWN

**NON-MOTORIST LOCATION AT IMPACT**  
 1 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIUM CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE  
 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDDLEBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 13 - SHARED USE PATHS OR TRAILS  
 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN

**ACTION**  
 3 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE  
 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING  
 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST  
 4 - STRUCK PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN  
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS 37 - PUSHING VEHICLE 99 - OTHER / UNKNOWN

**CONTRIBUTING CIRCUMSTANCES**  
 8 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY  
 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / AGDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE  
 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY  
 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION  
 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 21 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION  
 6 - IMPROPER TURN 12 - IMPROPER BACKING

**TRAFFIC**

**TRAFFICWAY FLOW**  
 1 1 - ONE-WAY  
 2 - TWO-WAY

**TRAFFIC CONTROL**  
 6 1 - ROUNDABOUT 4 - STOP SIGN  
 2 - SIGNAL 5 - YIELD SIGN  
 3 - FLASHER 6 - NO CONTROL

**# OF THROUGH LANES ON ROAD**  
02

**RAIL GRADE CROSSING**  
 1 1 - NOT INVOLVED  
 2 - INVOLVED - ACTIVE CROSSING  
 3 - INVOLVED - PASSIVE CROSSING

**SEQUENCE OF EVENTS**

1 20 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
 3 - IMMERSON 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT  
 4 - JACKKNIFE 4 - JACKKNIFE 5 - CARGO/EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT  
 5 - CARGO/EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 10 - CROSS MEDIAN 21 - PARKED MOTOR VEHICLE

**COLLISION WITH FIXED OBJECT - STRUCK**

4 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL  
 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIUM CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING  
 28 - BRIDGE PARAPET 34 - MEDIUM GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
 29 - BRIDGE RAIL 35 - MEDIUM CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - RAILBOX 54 - OTHER FIXED OBJECT  
 30 - GUARDRAIL FACE 36 - MEDIUM OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN  
 49 - FIRE HYDRANT

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

**UNIT / NON-MOTORIST DIRECTION**  
 FROM 1 TO 2  
 1 - NORTH 5 - NORTHEAST  
 2 - SOUTH 6 - NORTHWEST  
 3 - EAST 7 - SOUTHEAST  
 4 - WEST 8 - SOUTHWEST  
 9 - OTHER / UNKNOWN

**UNIT SPEED**  
20

**POSTED SPEED**  
65

**DETECTED SPEED**  
 1 1 - STATED / ESTIMATED SPEED  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED

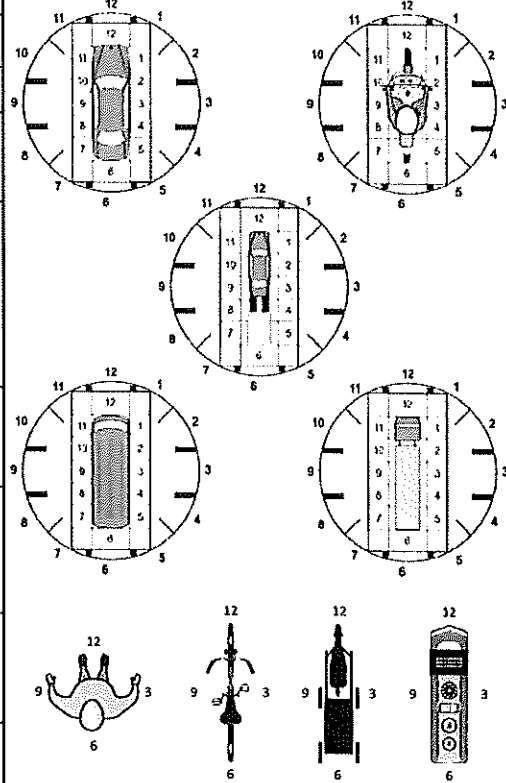
**UNIT #** 02 **OWNER NAME:** LAST, FIRST, MIDDLE (SAME AS DRIVER) **SINKO JILLIAN K**  
**OWNER PHONE:** INCLUDE AREA CODE (SAME AS DRIVER) 440-503-0337  
**OWNER ADDRESS:** STREET, CITY, STATE, ZIP (SAME AS DRIVER) 5706 ACKLEY RD PARMA OH 44129  
**COMMERCIAL CARRIER:** NAME, ADDRESS, CITY, STATE, ZIP **COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

**LOCAL REPORT NUMBER**  
 2019186

**DAMAGE**  
**DAMAGE SCALE**  
 3 1 - NONE 3 - FUNCTIONAL DAMAGE  
 2 - MINOR DAMAGE 4 - DISABLING DAMAGE  
 9 - UNKNOWN

**LP STATE** OH **LICENSE PLATE #** HXU5284 **VEHICLE IDENTIFICATION #** 5XXGT4L34KG370694 **VEHICLE YEAR** 2019 **VEHICLE MAKE** KIA  
 **INSURANCE VERIFIED** **INSURANCE COMPANY** PROGRESSIVE **INSURANCE POLICY #** 931190085 **COLOR** WHI / **VEHICLE MODEL** OPT  
 **COMMERCIAL**  **GOVERNMENT**  **IN EMERGENCY RESPONSE** **US DOT #** **TOWED BY:** COMPANY NAME  
 **INTERLOCK DEVICE EQUIPPED**  **HIT/SKIP UNIT** **#OCCUPANTS** 01 **VEHICLE WEIGHT GVWR/GCWR** 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.  **HAZARDOUS MATERIAL**  **MATERIAL RELEASED**  **PLACARD**

**DAMAGED AREA(S)**  
 INDICATE ALL THAT APPLY  
 5 6 7



**UNIT TYPE** 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMOUSINE/VEHICLE 23 - PEDESTRIAN / SKATER  
 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST  
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 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP

**# OF TRAILING UNITS**  
 WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
 1 - YES 2 - NO 9 - OTHER / UNKNOWN 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

**SPECIAL FUNCTION** 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FERIA 21 - MAIL CARRIER  
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 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  
 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

**CARGO BODY TYPE** 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER  
 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 10 - FLAT BED 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

**VEHICLE DEFECTS** 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN  
 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT  
 3 - TAIL LAMPS 6 - TIRE BLOWOUT

**NO DAMAGE** [ 0 ]  **UNDERCARRIAGE** [ 14 ]  
 **TOP** [ 13 ]  **ALL AREAS** [ 15 ]  
 **UNIT NOT AT SCENE** [ 16 ]

**NON-MOTORIST LOCATION AT IMPACT** 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIUM CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE  
 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 14 - STANDING OUTSIDE DISABLED VEHICLE  
 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN

**ACTION** 1 - NON-CONTACT 11 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE  
 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING  
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 6 - MAKING LEFT TURN 12 - DRIVERLESS 18 - APPROACHING OR LEAVING VEHICLE  
 9 - OTHER / UNKNOWN 19 - OTHER / UNKNOWN

**INITIAL POINT OF CONTACT**  
 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 13 - TOP 99 - UNKNOWN

**CONTRIBUTING CIRCUMSTANCES** 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY  
 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE  
 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY  
 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION  
 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 12 - IMPROPER BACKING

**TRAFFIC**  
**TRAFFICWAY FLOW** 1 - ONE-WAY 2 - TWO-WAY  
**TRAFFIC CONTROL** 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL

**SEQUENCE OF EVENTS**  
 1 20 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT  
 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT  
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE

**# OF THROUGH LANES ON ROAD** 02  
**RAIL GRADE CROSSING** 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

**COLLISION WITH FIXED OBJECT - STRUCK**  
 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 45 - EMBANKMENT  
 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIUM CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 46 - FENCE 47 - NAIL BOX  
 28 - BRIDGE PARAPET 34 - MEDIUM GUARDRAIL BARRIER 40 - UTILITY POLE 48 - TREE 49 - FIRE HYDRANT  
 29 - BRIDGE RAIL 35 - MEDIUM CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT  
 30 - GUARDRAIL FACE 36 - MEDIUM OTHER BARRIER 42 - CULVERT

**FIRST HARMFUL EVENT** 1 **MOST HARMFUL EVENT** 1

**UNIT / NON-MOTORIST DIRECTION**  
 FROM 1 TO 2  
 1 - NORTH 5 - NORTHEAST  
 2 - SOUTH 6 - NORTHWEST  
 3 - EAST 7 - SOUTHEAST  
 4 - WEST 8 - SOUTHWEST  
 9 - OTHER / UNKNOWN

**UNIT SPEED** 05  
**POSTED SPEED** 65  
**DETECTED SPEED** 1  
 1 - STATED / ESTIMATED SPEED  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2019186

|              |  |                             |           |             |
|--------------|--|-----------------------------|-----------|-------------|
| UNIT #<br>01 | NAME: LAST, FIRST, MIDDLE<br>HUGNEY THOMAS J | DATE OF BIRTH<br>01/30/1992 | AGE<br>27 | GENDER<br>M |
|--------------|--|-----------------------------|-----------|-------------|

|  |   |
|--|---|
| ADDRESS: STREET, CITY, STATE, ZIP<br>5696 ROOT RD SPENCER OH 44275 | CONTACT PHONE - INCLUDE AREA CODE<br>330-591-8235 |
|--|---|

|                |                                     |                             |   |  |  |                                   |                    |   |              |
|----------------|-------------------------------------|-----------------------------|---|--|--|-----------------------------------|--------------------|---|--------------|
| INJURIES<br>5  | INJURED TAKEN BY                    | EMS AGENCY (NAME)           | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)<br>NONE | SAFETY EQUIPMENT USED<br>4   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>1             | AIR BAG USAGE<br>1 | EJECTION<br>1                                     | TRAPPED<br>1 |
| DL STATE<br>OH | OPERATOR LICENSE NUMBER<br>TK199903 | OFFENSE CHARGED<br>333.03 A | LOCAL CODE  | OFFENSE DESCRIPTION<br>SPEED (ASSURED CLEAR)   | CITATION NUMBER<br>RV56669                       |                                   |                    |   |              |
| DL CLASS<br>4  | ENDORSEMENT                         | RESTRICTION SELECT UP TO 3  | DRIVER DISTRACTED BY<br>1                               | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>1                                   | ALCOHOL TEST<br>STATUS TYPE VALUE |                    | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4 |              |

|              |  |                             |           |             |
|--------------|--|-----------------------------|-----------|-------------|
| UNIT #<br>02 | NAME: LAST, FIRST, MIDDLE<br>SINKO JILLIAN K | DATE OF BIRTH<br>04/10/1987 | AGE<br>32 | GENDER<br>F |
|--------------|--|-----------------------------|-----------|-------------|

|  |   |
|--|---|
| ADDRESS: STREET, CITY, STATE, ZIP<br>5706 ACKLEY RD PARMA OH 44129 | CONTACT PHONE - INCLUDE AREA CODE<br>440-503-0337 |
|--|---|

|                |                                     |                            |   |  |  |                                   |                    |   |              |
|----------------|-------------------------------------|----------------------------|---|--|--|-----------------------------------|--------------------|---|--------------|
| INJURIES<br>5  | INJURED TAKEN BY                    | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)<br>NONE | SAFETY EQUIPMENT USED<br>4   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>1             | AIR BAG USAGE<br>1 | EJECTION<br>1                                     | TRAPPED<br>1 |
| DL STATE<br>OH | OPERATOR LICENSE NUMBER<br>SV393463 | OFFENSE CHARGED            | LOCAL CODE  | OFFENSE DESCRIPTION  | CITATION NUMBER                                  |                                   |                    |   |              |
| DL CLASS<br>4  | ENDORSEMENT                         | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>1                               | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>1                                   | ALCOHOL TEST<br>STATUS TYPE VALUE |                    | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4 |              |

|        |                           |                      |     |        |
|--------|---------------------------|----------------------|-----|--------|
| UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH<br>/ / | AGE | GENDER |
|--------|---------------------------|----------------------|-----|--------|

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |
|-----------------------------------|-----------------------------------|

|          |                         |                            |   |  |  |                                   |               |   |         |
|----------|-------------------------|----------------------------|---|--|--|-----------------------------------|---------------|---|---------|
| INJURIES | INJURED TAKEN BY        | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION                  | AIR BAG USAGE | EJECTION  | TRAPPED |
| DL STATE | OPERATOR LICENSE NUMBER | OFFENSE CHARGED            | LOCAL CODE                                      | OFFENSE DESCRIPTION  | CITATION NUMBER                                  |                                   |               |   |         |
| DL CLASS | ENDORSEMENT             | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION  | ALCOHOL TEST<br>STATUS TYPE VALUE |               | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4 |         |

| INJURIES                                    | SEATING POSITION   | AIR BAG                          | OL CLASS                   | OL RESTRICTION(S)  | DRIVER DISTRACTION   | TEST STATUS                                  |
|---|--|----------------------------------|----------------------------|--|--|--|
| 1-FATAL                                     | 1-FRONT-LEFT SIDE (MOTORCYCLE DRIVER)  | 1-NOT DEPLOYED                   | 1-CLASS A                  | 1-ALCOHOL INTERLOCK DEVICE   | 1-NOT DISTRACTED   | 1-NONE GIVEN                                 |
| 2-SUSPECTED SERIOUS INJURY                  | 2-FRONT-MIDDLE   | 2-DEPLOYED FRONT                 | 2-CLASS B                  | 2-CDL INTRASTATE ONLY  | 2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | 2-TEST REFUSED                               |
| 3-SUSPECTED MINOR INJURY                    | 3-FRONT-RIGHT SIDE   | 3-DEPLOYED SIDE                  | 3-CLASS C                  | 3-CORRECTIVE LENSES  | 3-TALKING ON HANDS-FREE COMMUNICATION DEVICE                                       | 3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE |
| 4-POSSIBLE INJURY                           | 4-SECOND-LEFT SIDE (MOTORCYCLE PASSENGER)  | 4-DEPLOYED BOTH FRONT / SIDE     | 4-REGULAR CLASS (OHIO = D) | 4-FARM WAIVER  | 4-TALKING ON HAND-HELD COMMUNICATION DEVICE  | 4-TEST GIVEN, RESULTS KNOWN                  |
| 5-NO APPARENT INJURY                        | 5-SECOND-MIDDLE  | 5-NOT APPLICABLE                 | 5-M/C MOPED ONLY           | 5-EXCEPT CLASS A & CLASS B BUS   | 5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE   | 5-TEST GIVEN, RESULTS UNKNOWN                |
| <b>INJURED TAKEN BY</b>                     | 6-SECOND-RIGHT SIDE  | 9-DEPLOYMENT UNKNOWN             | 6-NO VALID OL              | 6-EXCEPT CLASS A & CLASS B BUS   | 6-PASSENGER  | <b>ALCOHOL TEST TYPE</b>                     |
| 1-NOT TRANSPORTED / TREATED AT SCENE        | 7-THIRD-LEFT SIDE (MOTORCYCLE SIDE CAR)  | <b>EJECTION</b>                  | <b>OL ENDORSEMENT</b>      | 7-EXCEPT TRACTOR-TRAILER   | 7-OTHER DISTRACTION INSIDE THE VEHICLE   | 1-NONE                                       |
| 2-EMS                                       | 8-THIRD-MIDDLE   | 1-NOT EJECTED                    | H-HAZMAT                   | 8-INTERMEDIATE LICENSE RESTRICTIONS  | 8-OTHER DISTRACTION OUTSIDE THE VEHICLE  | 2-BLOOD                                      |
| 3-POLICE                                    | 9-THIRD-RIGHT SIDE   | 2-PARTIALLY EJECTED              | M-MOTORCYCLE               | 9-LEARNER'S PERMIT RESTRICTIONS  | 9-OTHER / UNKNOWN  | 3-URINE                                      |
| 9-OTHER / UNKNOWN                           | 10-SLEEPER SECTION OF TRUCK CAB  | 3-TOTALLY EJECTED                | P-PASSENGER                | 10-LIMITED TO DAYLIGHT ONLY  | <b>CONDITION</b>   | 4-BREATH                                     |
| <b>SAFETY EQUIPMENT</b>                     | 11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4-NOT APPLICABLE                 | N-TANKER                   | 11-LIMITED TO EMPLOYMENT   | 1-APPARENTLY NORMAL  | 5-OTHER                                      |
| 1-NONE USED                                 | 12-PASSENGER IN UNENCLOSED CARGO AREA  | <b>TRAPPED</b>                   | Q-MOTOR SCOOTER            | 12-LIMITED-OTHER   | 2-PHYSICAL IMPAIRMENT  | <b>DRUG TEST TYPE</b>                        |
| 2-SHOULDER BELT ONLY USED                   | 13-TRAILING UNIT   | 1-NOT TRAPPED                    | R-THREE-WHEEL MOTORCYCLE   | 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 3-EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)                                     | 1-NONE                                       |
| 3-LAP BELT ONLY USED                        | 14-RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 2-EXTRICATED BY MECHANICAL MEANS | S-SCHOOL BUS               | 14-MILITARY VEHICLES ONLY  | 4-ILLNESS  | 2-BLOOD                                      |
| 4-SHOULDER & LAP BELT USED                  | 15-NON-MOTORIST  | 3-FREED BY NON-MECHANICAL MEANS  | T-DOUBLE & TRIPLE TRAILERS | 15-MOTOR VEHICLES WITHOUT AIR BRAKES   | 5-FELL ASLEEP, FAINTED, FATIGUED, ETC.   | 3-URINE                                      |
| 5-CHILD RESTRAINT SYSTEM - FORWARD FACING   | 99-OTHER / UNKNOWN   |                                  | X-TANKER / HAZMAT          | 16-OUTSIDE MIRROR  | 6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             | 4-OTHER                                      |
| 6-CHILD RESTRAINT SYSTEM - REAR FACING      |  |                                  |                            | 17-PROSTHETIC AID  | 9-OTHER / UNKNOWN  | <b>DRUG TEST RESULT(S)</b>                   |
| 7-BOOSTER SEAT                              |  |                                  |                            | 18-OTHER   |  | 1-AMPHETAMINES                               |
| 8-HELMET USED                               |  |                                  |                            |  |  | 2-BARBITURATES                               |
| 9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) |  |                                  |                            |  |  | 3-BENZODIAZEPINES                            |
| 10-REFLECTIVE CLOTHING                      |  |                                  |                            |  |  | 4-CANNABINOIDS                               |
| 11-LIGHTING - PEDESTRIAN / BICYCLE ONLY     |  |                                  |                            |  |  | 5-COCAINE                                    |
| 99-OTHER / UNKNOWN                          |  |                                  |                            |  |  | 6-OPiates / OPIOIDS                          |
|   |  |                                  |                            |  |  | 7-OTHER                                      |
|   |  |                                  |                            |  |  | 8-NEGATIVE RESULTS                           |

LOCAL REPORT NUMBER 2019186

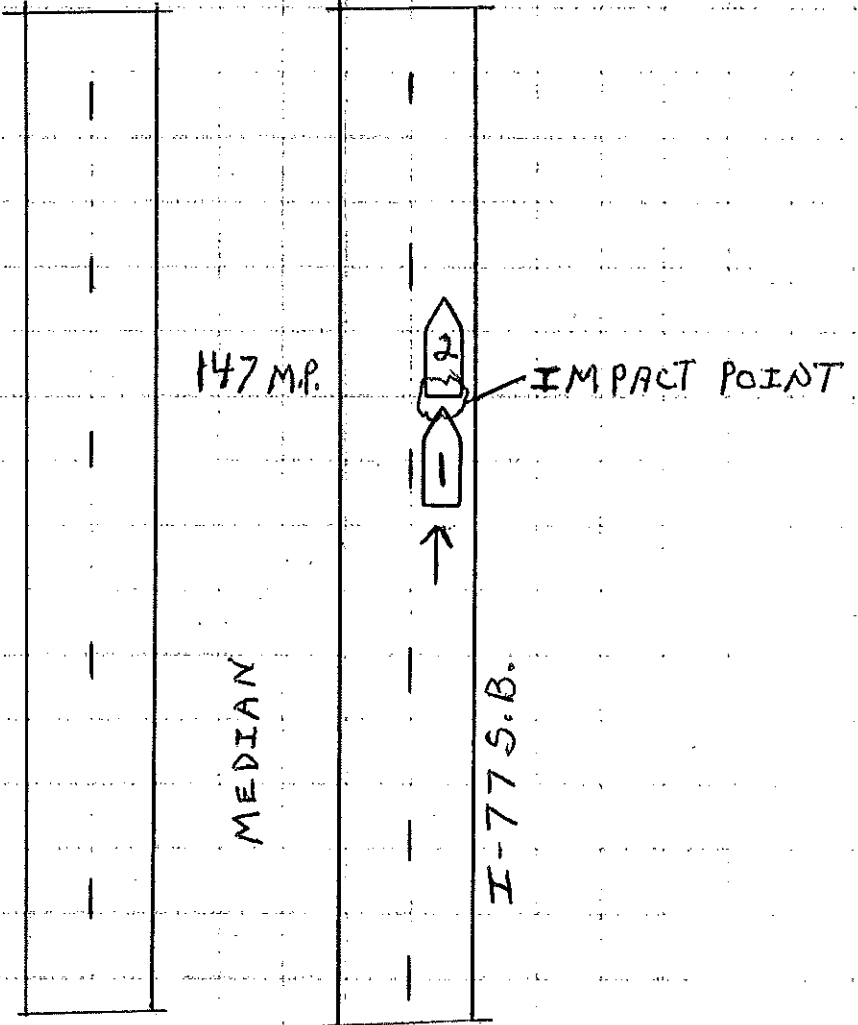
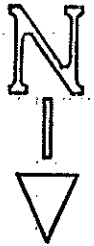
REPORTING AGENCY RICHFIELD POLICE

DATE OF CRASH M 12 11 19

IN COUNTY OF SUMMIT

CRASH LOCATION I-77 SB @ 147 M.P.

DRAWING NOT TO SCALE



OFFICER'S SIGNATURE X [Signature]

BADGE NUMBER 701

Driver of unit # 1



OH-3

### TRAFFIC CRASH WITNESS STATEMENT

|                                       |   |                                  |
|---------------------------------------|---|----------------------------------|
| LOCAL REPORT NUMBER<br><b>2019186</b> | REPORTING AGENCY<br><b>RICHFIELD POLICE</b> | DATE OF CRASH<br><b>12/11/19</b> |
|---------------------------------------|---|----------------------------------|

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, THOMAS HUGNEY HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

LOREK AT I-77 SB @ 147 MP  
OFFICER'S NAME LOCATION

IT WAS STOP AND GO TRAFFIC THE TRAFFIC STARTED TO PICK BACK UP AND THE PERSON IN FRONT OF ME SLOWED DOWN I WAS FOLLOWING TOO CLOSE I RAN INTO THE BACK OF HER


#### VEHICLE INFORMATION

| YEAR | MAKE  | MODEL | COLOR | LIC. PLATE | STATE |
|------|-------|-------|-------|------------|-------|
| 2017 | CHEVY | CRUZE | WHITE | HHL 7207   | OHIO  |

ESTIMATED SPEED (MPH): 10-20 Air Bag Deployed- YES /  NO SAFETY RESTRAINT USED:  YES / NO

Insurance Co: NATIONWIDE Policy: 9234J084121

ADDRESS OF WITNESS: 5696 ROOT ROAD SPENCER OHIO PHONE NUMBER: 330 591 8235

SIGNATURE OF WITNESS:  OFFICER SIGNATURE: PTL RAJEL #701

Driver of unit #2



OH-3

### TRAFFIC CRASH WITNESS STATEMENT

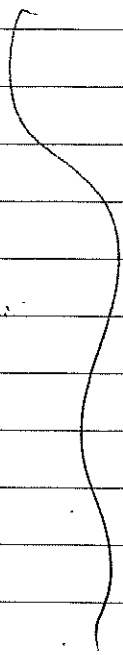
|                                       |   |                                      |
|---------------------------------------|---|--------------------------------------|
| LOCAL REPORT NUMBER<br><b>2019186</b> | REPORTING AGENCY<br><b>RICHFIELD POLICE</b> | DATE OF CRASH<br><b>12 / 11 / 19</b> |
|---------------------------------------|---|--------------------------------------|

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Jillian Sinko HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

LOREK AT I-27 SB @ 147 MP  
OFFICER'S NAME LOCATION

I WAS driving south on 77 in the right lane, traffic was stop & go, I'm assuming there was an accident ahead maybe I stopped & the vehicle behind me rear ended me



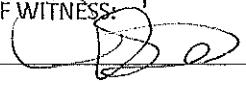
#### VEHICLE INFORMATION

| YEAR | MAKE | MODEL  | COLOR | LIC. PLATE | STATE |
|------|------|--------|-------|------------|-------|
| 2019 | Kia  | Optima | White | 1XU5284    | OH    |

ESTIMATED SPEED (MPH): 0-5mph      Air Bag Deployed- YES /  NO      SAFETY RESTRAINT USED:  YES / NO

Insurance Co: Progressive      Policy: 93190085

ADDRESS OF WITNESS: 5706 Ackley rd. Parma, OH 44129      PHONE NUMBER: (440) 503-0337

SIGNATURE OF WITNESS:       OFFICER SIGNATURE: PTL PR PA #701